



Town of Woodstock, Virginia

OFFICE OF: TOWN OF WOODSTOCK

DATE: _____

TO WHOM IT MAY CONCERN

I hereby authorize a representative of the Town of Woodstock, bearing this release, or copy thereof, within one year of the above date, to obtain any information in your files pertaining to my Police Record, Medical Record, Credit Record, School Record, Past and Present Employee Record for the purpose of background investigation.

In applying for employment with the Town of Woodstock, I hereby waive my right of access to the letters relating to Police Records, Medical, Credit, School, or Employment history and letters of recommendation.

FULL NAME _____
(SIGNATURE)

FULL NAME _____
(TYPED OR PRINTED)

SOCIAL SECURITY _____

ADDRESS _____

TELEPHONE NUMBER _____

Subscribed and Sworn to Before Me This _____ Day of _____, _____.

(Notary Public)

My Commission Expires _____, _____